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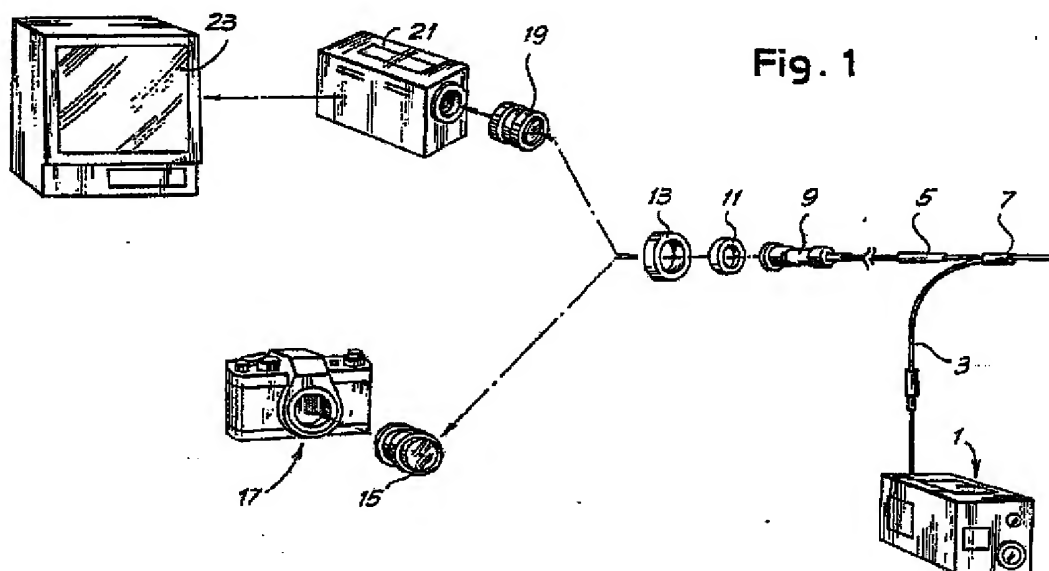
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(54) Fibra optical dental endoscope.

(57) An endoscope consists of a handle (25) supporting an end part (27) which is introduced into the oral cavity by means of a rigid tubular element (31). The tubular element (31) contains two coaxial bundles of

optical fibres (37, 39) serving to illuminate the area to be inspected and to conduct image information to camera means (17, 21), respectively.



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FIBER OPTICAL DENTAL ENDOSCOPE

In order to follow operations inside the mouth of the patient, the doctor at present uses a small angled mirror supported on the end of a shaft, with which it is possible to obtain an adequate view even of areas of the mouth which are otherwise not directly visible. Use of the mirror is not always practical and is frequently unsatisfactory.

The aim of the invention is to produce a device which renders more easy and convenient, and above all more complete, the possibility of checking the whole of the internal space of the mouth of the patient, even in areas to which it is very difficult to gain access and which are very difficult to inspect, such as, for example, root canals and deep caries.

According to the invention, these and other aims, which will prove evident to experts in the field from reading the following text, are achieved with an endoscope for dental use, consisting of a handle with an end part, to be introduced into the oral cavity, at the end of which look out fiber-optical means for illumination of the area to be inspected and for collecting the image to be conveyed to means for picking up the image.

The endoscope thus produced can replace the conventional small mirror for observation of the work and, in addition to making it possible to work in a more convenient position than that which comes about with the use of the small mirror, also constitutes an efficient analysis instrument. By virtue of its small diameter, the end part for observation in fact makes it possible to observe even the inside of a tooth for the examination of caries and root canals before and during the execution of the work.

In a practical embodiment, the end part of the handle is curved in order to facilitate access to the oral cavity and can, if necessary, also be made flexible so as to assume different angular positions in relation to the axis of said handle. In the latter case, means for determining the angular position assumed by said end part in relation to said handle can be provided on the handle.

Advantageously, the fiber-optical means can consist of a light guide with two coaxial bundles of optical fibers, a first bundle conveying light from a light source to the area to be inspected and a second (in general internal) bundle conveying the image from the area to be inspected to the means for picking up the image.

The invention will be better understood by following the description and the attached drawing, which shows a non-limitative practical exemplary embodiment of the invention itself. In the drawing,

Fig. 1 shows a basic diagram of the en-

doscope according to the invention;

Fig. 2 shows a wiring diagram of the system incorporating the endoscope;

Fig. 3 shows a lateral view of the endoscope proper;

Fig. 4 shows a detail of that end of the endoscope which is intended to be introduced into the mouth of the patient, in an improved embodiment, and

Fig. 5 shows an enlarged local cross-section of the end of the endoscope.

In Fig. 1, a diagram is shown of the complete equipment used by the endoscope according to the invention. According to the diagrammatic illustration in this figure, the equipment consists of a light source 1, for example a halogen lamp or similar, connected to the endoscope by means of a first bundle of optical fibers 3. Said optical fibers 3 constitute, together with a second bundle 5 for return of the image, a light guide 7, on the outside of which (not illustrated in this figure) a handle is applied, which is described in greater detail below.

The bundle of optical fibers 5 is connected to an ocular 9 which, by means of a system 11, 13 of flanges with a bayonet joint or similar, is connected to a lens 15 of a camera 17 or, alternatively, to a lens 19 of a telecamera 21 connected to a monitor 23. The camera 17 permits images to be photographed, for example for scientific use, whereas the telecamera and the monitor can be used during the work itself in order to check step by step the course of the work and/or the situation before and after the work itself.

All the equipment described above is of conventional type and already in use in the medical field and is not, therefore, described in greater detail.

In Fig. 2, the same equipment as in Fig. 1 is shown diagrammatically with only the telecamera 21 and the monitor 23. A handle 25 with an end part 27, which constitute the endoscope proper for the inspection of the oral cavity C of the patient, can also be seen in this figure.

The handle is illustrated in greater detail in Figs 3, 4 and 5. More specifically, Fig. 3 shows a lateral view of the handle 25 which consists of a body 29, which forms the grip of the handle, and which supports the end part 27; the latter is advantageously produced in the form of a small metal tube, which can be articulated in all directions, or in the form of a flexible element, in order to allow the doctor to vary its angular position as necessary. The end of the end part 27 consists on the other hand of a rigid tubular element 31, from which the two coaxial bundles of optical fibers look out to-

wards the work area. The tubular element 31 has a very small diameter in order to allow convenient inspection even of the root canals or other areas of the oral cavity to which access is otherwise difficult. In particular, the diameter of said tubular element can be comprised, for example, between 1.5 and 0.5 mm and is preferably equal to 0.6 mm. In Fig. 4, three different possible positions, indicated respectively by 27X, 27Y, 27Z, of the end part 27 are shown. The possibility of varying the angular position of the end part 27 of the handle makes it possible to rotate the image visible on the monitor 23, keeping the handle 25 in a fixed position, or to proceed, for example, from an examination of the upper dental arch to the lower without rotating the axis of the bundle (and thus the image on the monitor), but by bending the end part 27, or vice versa. This is particularly advantageous as it allows the doctor to see the image on the monitor in exactly the same position as that in which he was accustomed to seeing it with the small mirror; this facilitates psychological adaptation to use of the new equipment as well as affording the device greater flexibility. Advantageously, on the conical part 29A of the handle, adjacent to the end part 27, four zones of different color can be arranged, one of which is indicated by 33 in Fig. 4. This expedient makes it possible to find and remember different angular positions of the end part 27, each colored zone corresponding to a different rotation of the image on the monitor in relation to the actual image.

Fig. 5 shows a cross-section of the tubular element 31 of the endoscope, from which the position of the two coaxial bundles of optical fibers can be seen. Inside the tubular element 31, a protective sheath 35 is arranged, which contains a first bundle of outer optical fibers 37 and a second bundle of inner optical fibers 39. The outer bundle 37 conveys the light for illumination of the area to be inspected, whereas the inner bundle 39 conveys the image collected in the observation zone to the ocular and the optics of the telecamera.

The end part of the endoscope may be interchangeable, for example, in order to use tubular elements 31 of different diameters to gain access in particular parts of the oral cavity.

Claims

1. An endoscope for dental use, consisting of a handle (25) with an end part (27), to be introduced into the oral cavity, at the end (31) of which look out fiber-optical means for illumination of the area to be inspected and for collecting the image to be conveyed to means (17; 21, 23) for picking up the image.

2. The endoscope as claimed in Claim 1, wherein said end part (27) is curved.

3. The endoscope as claimed in Claim 1, wherein said end part (27) is flexible or articulated so as to assume different angular positions in relation to the axis of said handle (25).

4. The endoscope as claimed in Claim 3, wherein means (33) for determining the angular position assumed by said end part (27) in relation to said handle are provided on said handle.

5. The endoscope as claimed in one or more of the preceding Claims, wherein said fiber-optical means consist of a light guide with two bundles (37, 39) of optical fibers, a first bundle (37) conveying light from a light source to the area to be inspected and a second bundle (39) conveying the image from the area to be inspected to the means for picking up the image.

6. The endoscope as claimed in Claim 5, wherein said two bundles (37, 39) are coaxial, the second being inside the first.

7. The endoscope as claimed in one or more of the preceding claims, wherein the end part of the endoscope is interchangeable.

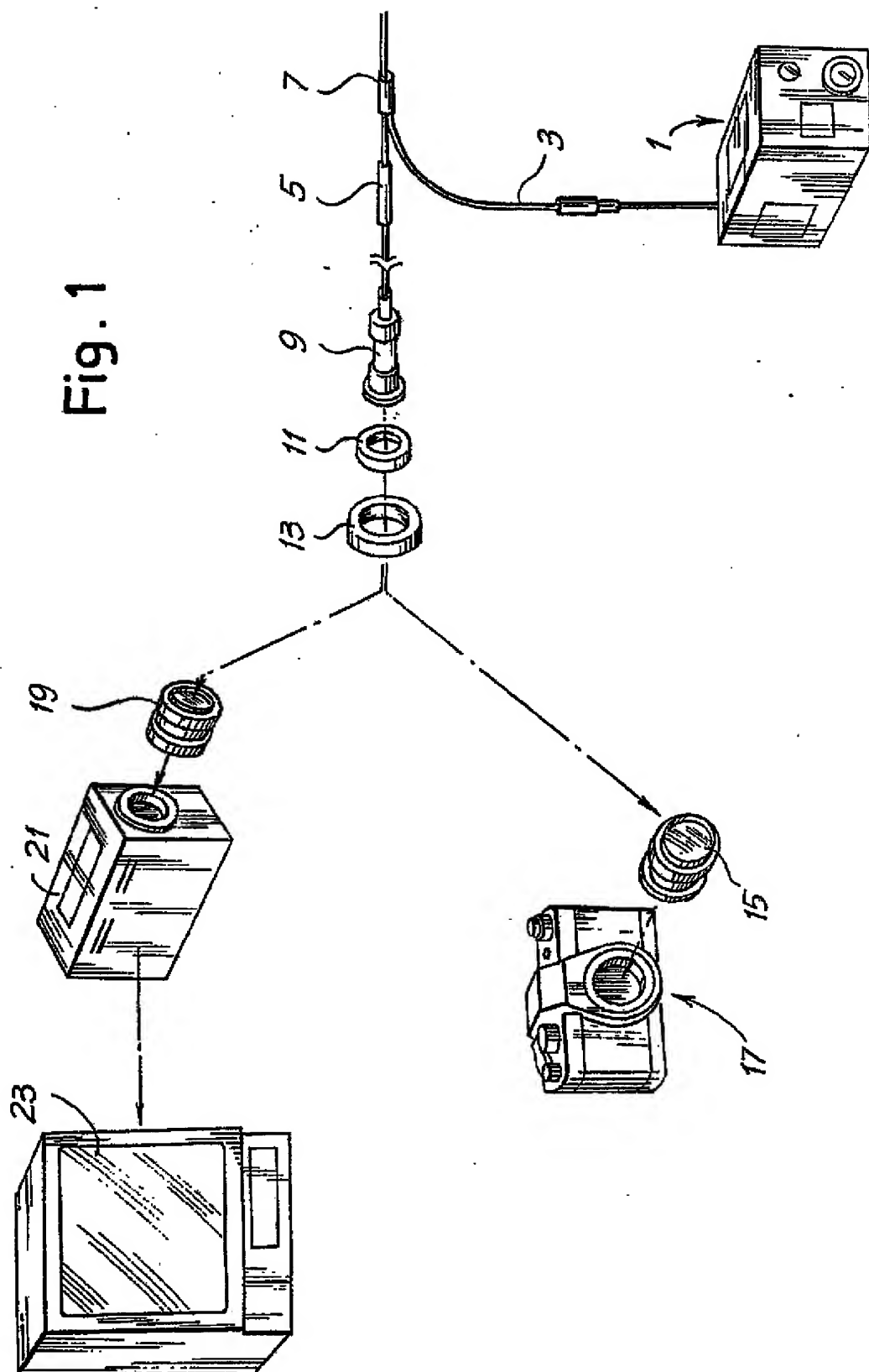


Fig. 3



Fig. 4

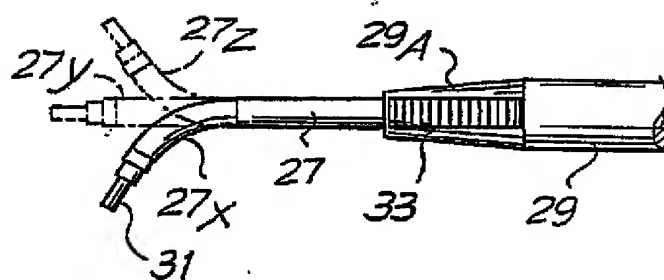


Fig. 5

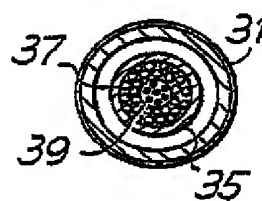
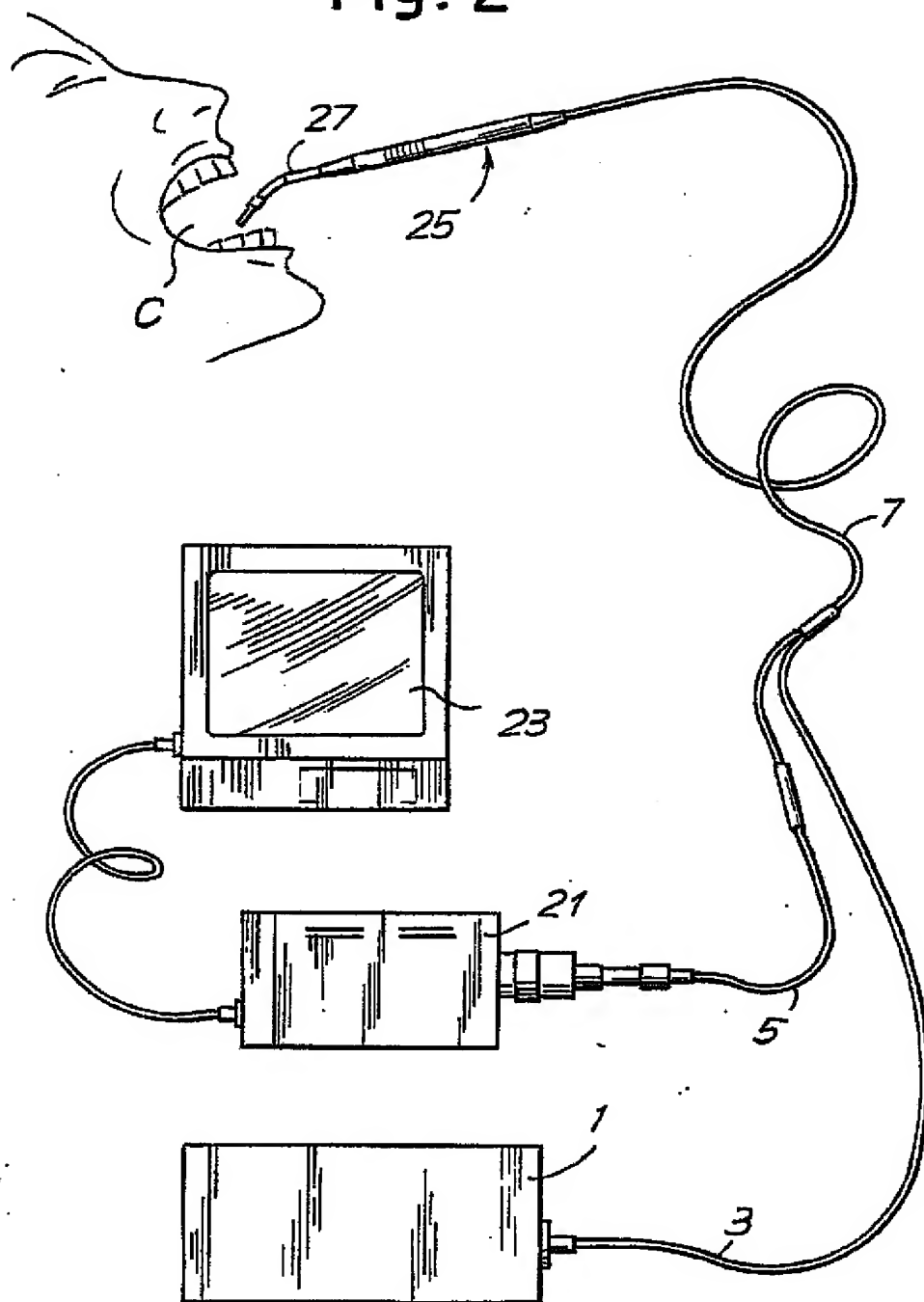


Fig. 2





European Patent
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EUROPEAN SEARCH REPORT

Application Number

EP 90 83 0121

DOCUMENTS CONSIDERED TO BE RELEVANT			
Category	Citation of document with indication, where appropriate, of relevant passages	Relevant to claim	CLASSIFICATION OF THE APPLICATION (Int. Cl.5)
X	DE-A-2208902 (RITTER A.G.) * page 4, lines 2 - 25; claims 1, 2; figures *	1, 2, 5, 7	A61B1/24 A61B1/04
X	EP-A-280397 (E.L. ADAIR) * column 4, line 14 - column 6, line 35 * * column 8, line 15 - column 9, line 19; figures *	1-3, 5-7	
X	US-A-2641977 (T. UJI ET AL.) * column 2, lines 23 - 54; figures *	1-4	
			TECHNICAL FIELDS SEARCHED (Int. Cl.5)
			A61B
The present search report has been drawn up for all claims			
Place of search THE HAGUE		Date of completion of the search 19 JUNE 1990	Examiner RIEB K.D.
CATEGORY OF CITED DOCUMENTS X : particularly relevant if taken alone Y : particularly relevant if combined with another document of the same category A : technological background O : non-written disclosure P : intermediate document T : theory or principle underlying the invention E : earlier patent document, but published on, or after the filing date D : document cited in the application L : document cited for other reasons * : member of the same patent family, corresponding document			

しはしは不満足である。

(説明が解決しようとする課題)

本発明の目的は、患者の口腔内空間全体を、併え
ば装置や喉い血腫のような装置が非常に限
界で、装置するものが困難な区域でさえも、より容
易により原料に、とりわけより完全なチエックす
る可能性を有する装置を製造することである。

(問題を解決するための手段)

本発明によれば、以下の明細書を読むことによ
つて当業者には明らかになるであろうこれらの及
び他の目的は、口腔内に導入されるべき装置をも
つたヘンドルを有し、軟組織の隆起には、装置さ
れるべき区域の黒州用の、及び軟組織を消える手段
に製造されるべき軟組織黒州用のファイバー-光學
系が収められている歯科用材料によって達成さ
れる。

とりして製造された内視鏡は、作業の観察のた
めの従来の小さな鏡と鏡を換えることができ、
また小さな鏡の使用によつて生じる位置よりも一
層都合のよい位置で作業をするのを可能とするの

① 日本国特許庁(JP) ② 特許出願公開

③ 公開特許公報(A) 平2-279129

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⑥ 特願 平2(1990)3月22日 ⑦ 出願 平2(1990)3月22日

審査請求 未請求 請求項の枚数 7 (全4頁)

⑧ 発明の名称 ファイバー-光學系歯科用内視鏡

⑨ 特願 平2-68938

⑩ 優先権主張 ⑪ 出願 平2(1990)3月22日

⑫ 優先権主張 ⑬ 出願 平2(1990)3月22日

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明 細 書

1. 発明の名称

ファイバー-光學系歯科用内視鏡

2. 特許請求の範囲

1. 口腔内に導入されるべき増倍(27)をもつたヘンドル(28)を有し、軟組織の隆起(31)には、検査されるべき区域の黒州用の、及び軟組織を消える手段(17;21,23)に構成されるべき軟組織黒州用のファイバー-光學系呼吸が備わっている歯科用内視鏡。
2. 前記増倍(27)が得られる請求項1記載の内視鏡。
3. 前記増倍(27)が、前記ヘンドル(28)の端に固着している角位置をとるようにより可撓性であるか、又は黒州式に掛けられる請求項1記載の内視鏡。
4. 前記ヘンドルに固着して前記増倍(27)によりとられる角位置を決める手段(33)が、前記ヘンドルに掛けられる請求項3記載の内視鏡。
5. 前記ファイバー-光學系が、二つの光フ

イバー-黒州系(37,39)をもつた光素内具からなり、

第1の系(37)が、光線から検査されるべき区域へ光を照射し、第2の系(39)が、検査されるべき区域から軟組織を消える手段へ軟組織を照射する請求項1ないし4のいずれか1項に記載の内視鏡。

6. 前記二つの系(37,39)が同軸であり、第2の系が、第1の系の内側にあり、請求項5記載の内視鏡。

7. 内視鏡の端が交換可能である請求項1ないし6のいずれか1項に記載の内視鏡。

3. 発明の詳細な説明

(産業上の利用分野)

本発明は、ファイバー-光學系を用いた歯科用の内視鏡に関する。

(従来の技術)

患者の口腔内の作業を行うために、患者は唇の増倍に支持されたある内具に掛けられた小さな鏡を眼に使用しており、その鏡によつて他の方法では見られない口腔内区域でも適切な視野を得ることができ、鏡の使用は常に限定的ではなく、

に加えて、効果的な分析器具も提供される。その小さな重量のために、観察用増倍は、歯肉の隆起のための鏡の内側の観察中、作業前、作業中の装置の観察さえも、医師に可能とする。

従来の装置は、ヘンドルの増倍は口腔内の増倍を容易にするために増倍され、必要ならは前記ヘンドルの端に固着している角位置をとるようにより可撓性にとり、後者の場合、前記ヘンドルに固着して前記増倍によりとられる角位置を決める手段は、ヘンドルに固着することである。ファイバー-光學系は、二つの光ファイバー-黒州系をもつた光素内具で構成することであり、第1の系は、光線から検査されるべき区域へ光を照射し、第2の(一般には内側の)系は、検査されるべき区域から、軟組織を消える手段へ軟組織を照射するのが有利である。

本発明は、以下の記載及び本発明の限定しない典型的実施形態を示している図の図面によつて一層よく理解されるであろう。

第1図には、本発明による内視鏡によつて用

第2図には、テレビカメラ21及びメモリ23のみをもつた第1図と同じ設備が略図的に示されている。患者の口腔の検査用に適した内視鏡を構成する増倍27をもつたヘンドル25も、この図では見ることができ、

ヘンドルは、第3図、第4図及び第5図に示す増倍に固着されている。特に第5図は、ヘンドルの増倍部を略図し、増倍27を支持している本体29からなるヘンドル25の側面図を示している。増倍は、増倍が必要に応じてその角位置を定めることができるために、全方向に回転自在に回転することができ、小さな金剛石の形状又は可撓性表面の形状で製造されるのが有利である。他方で、増倍27の増倍は、増倍の増倍長31からなり、そこから光ファイバーの二つの両端系が、作業区域の一方へ光を出している。増倍長31は、他の方法では増倍が困難な区域又は口腔内の他の区域の検査さえも便利にするために、非常に小さな直径を有している。詳しくは、増倍増倍長の直径は、例えば1.5mmと0.5mmとの間にある。0.6

